UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,834	10/15/2003	Charles S. Fox JR.	CRNI.110144	9865

46169 7590 12/08/2009

SHOOK, HARDY & BACON L.L.P.
Intellectual Property Department
2555 GRAND BOULEVARD
KANSAS CITY, MO 64108-2613

EXAMINER	
RANGREJ, SHEETAL	
ART UNIT	PAPER NUMBER
3686	

MAIL DATE	DELIVERY MODE
12/08/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	10/684,834	FOX ET AL.	
	Examiner	Art Unit	
	SHEETAL R. RANGREJ	3686	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *19 June 2009*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-7 and 9-25* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-7 and 9-25* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date *07/15/2009 and 11/30/2009*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Prosecution History Summary

1. Claims 1, 6-7, 9-17, and 20 are amended.

2. Claim 8 is cancelled.

3. Claims 1-7 and 9-25 are pending.

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

5. Claims 1-5 and 17-24 are rejected under 35 U.S.C. 103(a) as being unpatentable over Brimm et al. (U.S. Patent No. 5,072,383) in view of Gombrich (U.S. Patent No. 4,916,441).

6. As per claim 1, Brimm teaches a system for managing patient care, the system comprising:

-a central information system including patient records comprising treatment history and orders entered by a physician for treatment of an identified patient **(Brimm: col. 9, 1-53)**;

wherein documentation entered by the caregiver is uploaded to the central information system from the caregiver portable information device in real-time **(Brimm: col. 10, 66 to col. 11, 8)**;

wherein the patient task list is generated from one or more physician orders by dividing each physician order into a set of tasks determined from knowledge databases in the central information system **(Brimm: col. 11, 25-50)**.

Brimm does not explicitly teach -a patient machine-readable identifier; -a caregiver portable information device having an identifier recognition mechanism and having an interactive user interface configured to display a patient task list, receive selection of a task from the patient task list by a caregiver, and receive documentation entered by a caregiver; and wherein the patient task list is contained within the patient records and is automatically displayed on the caregiver portable information device upon recognition of the patient machine-readable identifier by the caregiver portable information device.

Gombrich, however, teaches -a patient machine-readable identifier **(Gombrich: col. 6, 23-68)**; -a caregiver portable information device having an identifier recognition mechanism **(Gombrich: claim 1)** and having an interactive user interface configured to display a patient task list, receive selection of a task from the patient task list by a caregiver, and receive documentation entered by a caregiver **(Gombrich: col. 6, 52-65; col. 11, 5-38; col. 12, 12-30)**; and wherein the patient task list is contained within the patient records and is automatically displayed on the caregiver portable information device upon recognition of the patient machine-readable identifier by the caregiver portable information device **(Gombrich: col. 6, 23-68; col. 11, 5-38; col. 12, 12-30)**.

One of ordinary skill in the art would have recognized that applying the known technique of Gombrich would have yielded predictable results and resulted in an improved system. It would have been recognized that applying the technique of Gombrich to the teachings of Brimm

would have yielded predictable results because the level of ordinary skill in the art demonstrated by the references applied shows the ability to incorporate such data processing features into similar systems.

7. As per claim 2, the system of claim 1 is as described. Brimm does not explicitly teach further comprising a caregiver machine-readable identifier attached to a caregiver badge.

Gombrich, however, teaches further comprising a caregiver machine-readable identifier attached to a caregiver badge **(Gombrich: col. 10, 35-45)**.

The motivation to combine is the same as claim 1.

8. As per claim 3, the system of claim 1 is as described. Brimm does not explicitly teach wherein the portable information device includes wireless communication tools for verifying patient data with the central information system.

Gombrich, however, teaches wherein the portable information device includes wireless communication tools for verifying patient data with the central information system **(Gombrich: col. 9, 15-50)**.

The motivation to combine is the same as claim 1.

9. As per claim 4, the system of claim 1 is as described. Brimm does not explicitly teach wherein the central information system further includes caregiver data, and wherein the portable information device includes wireless communication tools for verifying the caregiver data with the central information system.

Gombrich, however, teaches wherein the central information system further includes caregiver data, and wherein the portable information device includes wireless communication

tools for verifying the caregiver data with the central information system **(Gombrich: col. 6, 23-38)**.

The motivation to combine is the same as claim 1.

10. As per claim 5, the system of claim 1 is as described. Brimm further teaches wherein the patient task list comprises instructions for administration of at least one medication **(Brimm: figures 5-10)**.

11. As per claim 17, Brimm teaches a task-based system for managing patient care, the system comprising:

-a central information system having a database including patient data records comprising a patient task list determined from orders for an identified patient **(Brimm: col. 9, 1-53)**, wherein the patient task list maybe updated in real-time based on one or more changes to the orders for the identified patient by a caregiver **(Brimm: col. 10, 66 to col. 11, 8)**.

Brimm does not explicitly teach -a patient identifier for identifying a patient; -a caregiver portable information device having tools for reading the patient identifier; and - an interactive user interface displayed on the caregiver portable information device and configured such that a caregiver may select the task from the task list and record the selected task on the caregiver portable information device and -wherein the interactive user interface displays the patient task list automatically upon recognition of the patient identifier by the caregiver portable information device.

Gombrich teaches -a patient identifier for identifying a patient **(Gombrich: col. 6, 23-30)**; -a caregiver portable information device having tools for reading the patient identifier **(Gombrich: abstract)**; and - an interactive user interface displayed on the caregiver portable

information device and configured such that a caregiver may select the task from the task list and record the selected task on the caregiver portable information device **(Gombrich: col. 6, 52-65; col. 11, 5-38; col. 12, 12-30)** and -wherein the interactive user interface displays the patient task list automatically upon recognition of the patient identifier by the caregiver portable information device **(Gombrich: col. 12, 1-11)**.

Applicant has amended claim 17, by adding the limitations as presented in claim 1; therefore, the rejection applied in claim 1 also applies here.

The motivation to combine the teachings is same as claim 1.

12. Claims 18-19 recite substantially similar limitations as those already addressed in claims 2-3, respectively, and, as such, are rejected for similar reasons as given above.

13. Claim 20 recite substantially similar limitations as those already addressed in claims 1 and 17, and, as such, are rejected for similar reasons as given above.

14. As per claim 21, the method of claim 20 is as described. Brimm does not explicitly teach wherein the caregiver portable information device includes a scanner, and wherein receiving the caregiver identifier and the patient identifier includes receiving the caregiver identifier and the patient identifier utilizing the scanner.

Gombrich further teaches wherein the caregiver portable information device includes a scanner, and wherein receiving the caregiver identifier and the patient identifier includes receiving the caregiver identifier and the patient identifier utilizing the scanner **(Gombrich: col. 5, 34-50; col. 6, 23-67)**.

The motivation to combine the teachings is same as claim 1.

15. As per claim 22, the method of claim 20 is as described. Brimm does not explicitly teach teaches further comprising receiving the caregiver identifier and the patient identifier from the caregiver portable information device at the central information system.

Gombrich further teaches further comprising receiving the caregiver identifier and the patient identifier from the caregiver portable information device at the central information system **(Gombrich: col. 6, 23-67)**.

The motivation to combine the teachings is same as claim 1.

16. As per claim 23, the method claim 22 is as described. Brimm does not explicitly teach further comprising verifying patient identity through information available in the central information system.

Gombrich further teaches further comprising verifying patient identity through information available in the central information system **(Gombrich: col. 6, 23-67)**.

The motivation to combine the teachings is same as claim 1.

17. As per claim 24, the method of claim 20 is as described. Brimm does not explicitly teach further comprising dynamically generating the task list at the central information system and sending the task list to the portable information device.

Gombrich further teaches further comprising dynamically generating the task list at the central information system and sending the task list to the portable information device **(Gombrich: col. 10, 35-68)**.

The motivation to combine the teachings is same as claim 1.

Claim Rejections - 35 USC § 103

18. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

19. Claims 6-7, 9-16, and 25 are rejected under 35 U.S.C. 103(a) as being unpatentable over Brimm et al. (U.S. Patent No. 5,072,383) in view of Gombrich (U.S. Patent No. 4,916,441) and further in view of White et al. (U.S. Patent No. 6,519,569).

20. As per claim 6, Brimm teaches one or more computer storage media having computer-useable instructions embodies thereon for performing a method for managing patient care, the method comprising: the task list being generated from one or more physician orders by dividing each physician order into a set of tasks determined from knowledge databases in central information system **(Brimm: col. 11, 25-50)**.

Brimm does not explicitly teach -recognizing a patient machine-readable identifier; -accessing a task list for the patient recognized by the patient machine-readable identifier from a central information system, - wherein the patient task list is contained within the patient records and is accessed via an interactive user interface configured to display the patient task list and receive a task selection from a caregiver; recognizing a medication machine-readable identifier; determining if the medication identified by the medication machine-readable identifier matches with the medication from the task list; and displaying a warning on a caregiver portable

information device if the medication identified by the medication machine-readable identifier does not match with a medication.

Gombrich, however, teaches -recognizing a patient machine-readable identifier **(Gombrich: col. 12, 1-11)**; -accessing a task list for the patient recognized by the patient machine-readable identifier from a central information system **(Gombrich: col. 12, 1-11)**, - wherein the patient task list is contained within the patient records and is accessed via an interactive user interface configured to display the patient task list and receive a task selection from a caregiver **(Gombrich: col. 6, 52-65; col. 11, 5-38; col. 12, 1-30)**.

One of ordinary skill in the art would have recognized that applying the known technique of Gombrich would have yielded predictable results and resulted in an improved system. It would have been recognized that applying the technique of Gombrich to the teachings of Brimm would have yielded predictable results because the level of ordinary skill in the art demonstrated by the references applied shows the ability to incorporate such data processing features into similar systems.

Gombrich, however, fails to expressly teach a computer-implemented method for managing patient care comprising: recognizing a medication machine-readable identifier; determining if the medication identified by the medication machine-readable identifier matches with the medication from the task list; and displaying a warning on a caregiver portable information device if the medication identified by the medication machine-readable identifier does not match with a medication.

Nevertheless, these features are old and well known in the art as evidenced by White. In particular White teaches a computer-implemented method for managing patient care comprising:

-recognizing a medication machine-readable identifier **(White: col. 8, 25-45)**;

-determining if the medication identified by the medication machine-readable identifier matches with the medication from the task list **(White: col. 8, 25-45)**; and

-displaying a warning on a caregiver portable information device if the medication identified by the medication machine-readable identifier does not match with a medication **(White: col. 8, 46 to col. 9, 14)**.

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the teachings of Brimm, Gombrich, and White with the motivation of providing accurate infusion of medications in a large institutional facility such as hospitals or large clinics **(White: col. 1, 39-57)**.

21. As per claim 7, the media of claim 6 is as described. Brimm does not explicitly teach further comprising displaying the task list on the caregiver portable device, wherein the task list includes at least one medication administration task for administering medication

Gombrich further teaches further comprising displaying the task list on the caregiver portable device, wherein the task list includes at least one medication administration task for administering medication **(Gombrich: col. 10, 35-67)**.

The motivation to combine the teachings is the same as claim 6.

22. As per claim 9, the media of claim 7 is as described. Brimm further teaches further comprising recording administration of the medication **(Brimm: col. 10, 41-47)**.

23. As per claim 10, the media of claim 6 is as described. Brimm does not explicitly teach further comprising recognizing a caregiver identifier.

Gombrich further teaches further comprising recognizing a caregiver identifier **(Gombrich: col. 6, 23-35)**.

The motivation to combine the teachings is the same as claim 6.

24. As per claim 11, the media of claim 6 is as described. Brimm does not explicitly teach further comprising implementing the caregiver portable information device with an embedded scanner for scanning the patient machine readable identifier.

Gombrich further teaches further comprising implementing the caregiver portable information device with an embedded scanner for scanning the patient machine readable identifier **(Gombrich: col. 5, 34-50)**.

The motivation to combine the teachings is the same as claim 6.

25. As per claim 12, the media of claim 11 is as described. Brimm does not explicitly teach further comprising transmitting the patient identifier from the caregiver portable information device to a central information system.

Gombrich further teaches further comprising transmitting the patient identifier from the caregiver portable information device to a central information system **(Gombrich: col. 6, 23-67)**.

The motivation to combine the teachings is the same as claim 6.

26. As per claim 13, the media of claim 12 is as described. Brimm does not explicitly teach further comprising verifying an identity of the patient through information available in the central information system.

Gombrich further teaches further comprising verifying an identity of the patient through information available in the central information system **(Gombrich: col. 6, 23-67)**.

The motivation to combine the teachings is the same as claim 6.

27. As per claim 14, the media of claim 13 is as described. Brimm does not explicitly teach further comprising receiving current patient related tasks from the central information system at the caregiver portable information device.

Gombrich further teaches further comprising receiving current patient related tasks from the central information system at the caregiver portable information device **(Gombrich: col. 10, 35-67)**.

The motivation to combine the teachings is the same as claim 6.

28. As per claim 15, the media of claim 13 is as described. Brimm does not explicitly teach further comprising using the caregiver portable information device to obtain a caregiver identifier, transmitting the caregiver identifier from caregiver the portable information device to the central information system, and receiving verification of the caregiver identity from the central information system at the caregiver portable information device.

Gombrich further teaches further comprising using the caregiver portable information device to obtain a caregiver identifier, transmitting the caregiver identifier from caregiver the portable information device to the central information system, and receiving verification of the caregiver identity from the central information system at the caregiver portable information device **(Gombrich: col. 6, 23-67)**.

The motivation to combine the teachings is the same as claim 6.

29. As per claim 16, the media of claim 15 is as described. Brimm does not explicitly teach wherein obtaining the caregiver identifier comprises scanning a machine-readable identifier using an embedded reader in the caregiver portable information device.

Gombrich further teaches wherein obtaining the caregiver identifier comprises scanning a machine-readable identifier using an embedded reader in the caregiver portable information device **(Gombrich: col. 6, 23-67)**.

30. As per claim 25, the method of claim 20 is as described. Brimm and Gombrich do not explicitly teach further comprising receiving a medication identifier from an identification device including a bar code identifying a particular medication.

Nevertheless, these features are old and well known in the art as evidenced by White. In particular White teaches further comprising receiving a medication identifier from an identification device including a bar code identifying a particular medication **(White: col. 8, 12-24)**.

The motivation to combine the teachings is the same as claim 6.

Response to Arguments

31. Applicant's arguments with respect to claims 1-7 and 8-25 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

32. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

33. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to SHEETAL R. RANGREJ whose telephone number is (571) 270-1368. The examiner can normally be reached on M-F 8:30-5:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on (571) 272-6787. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or (571) 272-1000.

/S. R. R./
Examiner, Art Unit 3686
December 4, 2009

/Gerald J. O'Connor/
Supervisory Patent Examiner
Group Art Unit 3686